VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

MACCO

00000
Reg. Dist. No

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Attitle AT UTILLET			
City or town Ferndale, Md. (If outside city or town limits, write RURAL and give nearest town)	Wunty consequences of the contract of the cont		
How long in above place of death? 35 Yrs	City or town. Ferndale, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Mary augustyniale.	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married			
remare will be married	20. DATE OF DEATH 200 20 19 47 at 5:15 A.		
6.(6) Name of husband yo xiox Martin Augustyniak	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of S.(c) If elive, give age 66 year	april 1947, to 22 ender 1942		
7. Birth date of deceased (mo., day, yr.) August 15-1866	and that I last saw h. 2. L. alive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
81min			
9. Birthplace Poland. (Town, county, and state)	Due to CASTRIC CARCINOMA		
10. Usual occupation. Housewife			
ID. USUAL UCCUPATION	Due to UNICNOWN.		
11. Industry or business	_		
E 12. Name Balcer Cichocki S 13. Birthplace Poland	- Other conditions NONE		
	(Include pregnancy within 8 months of death)		
# 14. Malden name Unknown	Major findings of operations NONE PERFORMS		
14. Maiden name. Unknown 15. Birtholace Unknown			
16. Informant Mr. Martin Augustyniak	Date of op.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Ferndale, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof 11-29-47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or XXXXXX St. Stanislaus	Where did injury occur?		
Location Baltimore, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director hears & Weller	Means of Injury Injured at work?		
Address 705 South Ann Street)/ 20		
Mayor 100 boaton mini boreet	23. SIGHATURE HENRY I SAMESANA MD		
18. 100. 28 18 41 X-W Kaduch	M. D. or other		
(Date ric'd by registrar) Registrar	Address Date signed NOV26/94		

I

PLEASE

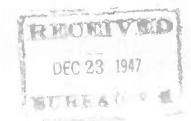
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester Cambridge City or town (If outside eity or town limits, write RURAL and give nearest town) Street No. 307 High Street (If rursl, give LOCATION) 2.(a) If veteran, name war.
3. (b) Social Security Number
MEDICAL CERTIFICATION 20. Date of Death November 5, 47 8:50 51
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19. 41., to No.V. 5., 19. 47. and that I last saw him. alive on No.V. 5., 1947.
Immediate cause of death OURATION Coronary Occlusion sudden death
Due to.
Other conditions Schizophrenia, Paranoid Type Known to us since July 17, 1915 (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Antapsy results
22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide



2411 N. Charles St., Baltimore

09690

CERTIFICATE OF DEATH

- . 21

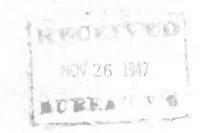
1. PLACE OF DEATH: County Quite Arealel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary Cand County A- A. Co
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 14 Sentem and Care ((frural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Edith & Bat	13. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Wilawed	20. DATE DE DEATH X00 22 19. 47. 21. 3 a.
6.(b) Name of husband or wife. Usulps & Bulliche	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of L. O. F. Ch. 1094	and that I last saw have alive on 2000 2 2 19.47
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
6. AGE: 63 3 35hrs	in. Ingred to come 10 7 to
m 0. 1	Que to ales Solems 10 years
1D. Usual occupation	Due to.
11. Industry or business	- Deal to Mellin many
E 12. Name	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name diskusion 15. Birthplace unknown	Major findings of operations.
15 Is Birthplace unknown	Date of op.
16. Informant Just G. Classificht	Autopsy results
Address Castpart, and.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St Annis Cemeter	Where did injury occur?
Location Annapali Ind.	Injured at home, tarm, industry, public place (where?)
Out on Taylo:	Means of Injury Injured at work?
18. Funeral director	June C Bas &
Address Vinapall	23. SIGNATURE M. D. or other
19. V OU . 25 19 The Control of the	rar Address Churchelle 32 Date signed 11-23-4

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED LARGIN

PLAINLY, V is especially

WRITE

PLEASE



2411 N. Charles St., B.

altimore	21
	- 2

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED:	
county				(For newborn infants give residence of mother)	
City or town. Crowns.ville. (If outside city or town limits, write RURAL and give nearest town)				State Maryland County	
(If ou	tside city or town	limita, write F	URAL and give nearest town)	Baltimore Baltimore	
How long in above place o	f death? 8 y	ears 10	mos. 5 days	City or town	
Hospital, Institution, or s	treet address wher	e death occurred	1:	Street No. 6 Rose Place	
Crownsvill	e, State	HUSPIT	al	(If rural, give LOCATION) 2.(a) It veteran, name war	
	institution?8	years 1	O mos. 5 days.		
3. (a) FULL NAME				3. (b) Social Security Number	
F	ANNIE BQ	TTS			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE	NEGRO	MAR	RIED	20. DATE DF DEATH. November 11, 1 1947 26:55 P.	
6.(b) Name of husband o	WIL	LIAM BO	TTS	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
				January 6, 19 39 10 Nov. 11, 19 4	
7. Birth date of		6.(c) it alive, give ageyears	and that I last saw h. er alive on November 11, 19 47	
deceased (mo., day, yr.	1902			Immediate cause of death	
8. AGE: Years	Months	Days	tt less than one day	General Paresis Known to us	
45	??	??	hrs. min.	since 1/6/1939	
		1 2.5	13.0	Since 1/0/1303	
9. Birthplace	VIRGI	MIA	ntate)	Due to	
	(2011	.,			
10. Usuat occupation	DOMESTI			Due ja	
11. industry or business					
	NOWN			Other conditions General Paresis	
E			12.10002.0000.0000.0000.0000.0000.0000.		
	UNKN	OMIN		(Include pregnancy within 3 months of death)	
14. Maiden name				Major findings of operations	
14. Maiden name				Date of op.	
	C DIMAT D	PACDDO			
16. Informant HU	SFITAL R	ECOKDS.		Actorsy results	
Address CROWNS VILLE, MARYLAND			MARYLAND		
Bushen			77/26/48	22. VIOLENCE: tt death was due to external causes, till in the tollowing:	
17. BUPIAL (Burial, cremation,	or removal. Which	Date then	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Suburban Cem.				Where did injury occur?	
Mt. Winn					
Location				tnjured at home, farm, industry, public place (where?)	
an Property disease	Je	sse Red	din	Means of Injury tnjured at work?	
18. Funeral director				O- Man /	
Address	071			23. SIGNATURE RESOLUTION 19	
11/13/		17	E. F. Joyce local	M. D. or other	
(Date rec'd by reg	19 istrar)		Registrar	Address Crownsville, Maryland Date signed 11/12/4	

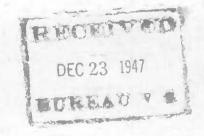
age

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNF important. PLAINLY, V is especially i

WRITE

PLEASE

VS A15



PLAINLY, WITH UNFADING INK. Supply exact item of information carefully. The correst sespecially important, Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

FOR BINDING

RESERVED

MARGIN

940

09692

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County Asse Arustel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city of town limits, write RURAL and give nearest town)	State Mary County County A:
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Sechaed Arnal	d Darven 212-05-5-646
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while Maried	20. DATE OF DEATH MARCHALL 18 19 47 , 21 49 M
6.(b) Name of husband or wife Elyabeth Barren	21. I CERTIFY that death occurred on the date above slated; that attended deceased from
7. Birth date of PM and 20 The 1894	and that I last saw h 42 alive on Mov 18 19 4)
deceased (mo., day, yr.)	Imprediate cause of death
8. AGE: Years Months Days If less than one day 53 5 39	Colonary mombose 10940
9. Birlhplace Quest Ro. Md. (Town, county, and state)	Due to
10. Usual occupation. farmerly a linesman	Due to.
11. Industry or business Las & Electric Co.	
12. Name Mensekiale Burnen. 13. Birthplace Colnect Co. Md.	Other conditions Chu / Funchetis Jeans
	(Include pregnancy within 3 months of death)
14. Maiden name unkasuur 15. Birthplace unkasuur	Major findings of operations
× 15. Birthplace	Date of op
16, Intermant Mass. Et. A. Banen	Antupsy results
Address arth - G. Q. Co. In D.	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Reday Bluff Caratte	Where did Injury occur?
Location Annapores Tyd	Injured at home, farm, Industry, public place (where?)
Out on the sales	Meens of Injury Injured 2t work?
18. Funeral director	4 2 3 1
Address Address 1107	23. SIGNATURE Surge C August M. D. or other
19. VOT 20. 19. 4 Registrar	Address (Imaforto 2) Date signed 11-19.47



2411 N. Charles St., Baltimore

108

09693

CERTIFICATE OF DEATH

Reg. Diat. No. 21

1. PLACE OF DEAT	A	runde	e1	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
City or town Annapolis, Md. (If ontside eity or town limits, write RURAL and give nearest town)				State New Jersey Co	
How long in above place of a Hospital, institution, or structure. S. Na va	death? 2 (eet address where 1 Hosp:	death occurre ital,	DQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ	City or town Bloomfield (If outside city or town limit 37 Morse Ave (If rural, giv	ts, write RURAL and give nearest town)
3. (a) FULL NAME	ditution r	J	······································	_ 2.(G) if veteran, name war	
J. (a) PULL NAME	LIN	DA	BRALEY		3. (b) Social Security Number
4. Sex 5.	Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION
F	White	i	nfant		19. 47 at 9:30A
			c) if alive, give ageyear	21. I CERTIFY that death occurred on the date ab 11/6/47 19. and that I last saw h. C.P. alive on	ove stated; that I attended deceased from 11/8/47 19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of deathCerebra	
		3	hrsmin		
9. Birthplace. Anna	polis,	Anne county, and s	Arundel, Md.	. Due to	
10, Usual occupation	••••••	*******************		Due to	•••••••••••••••••••••••••••••••••••••••
11. Industry or business	1 11 7			_	
13. Birthplace	lam Wal Pittsbu		raley Penna.	Dther conditionsPneumonia,	lebar
14. Malden came. Jean Julia Duffield Wilkesboro, N. C.					months of death)
16. loformant U. S. Naval Hospital Annapolis, Md.					
17. (Burial, eremation, or r	removal. Which?)	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
Cemetery or crematory A awal Coulty				Where did injury occur?(City or town)	(County) (State)
Location	me	pa	4 24%.		here?)
19. Funeral director. Allan III. Van Con. Sure				Means of Injury	Injured et work?
Address (mappel Md.				1, : 0 0.	. II. (Px . 0 ,
11.5 10 117				23. SIGNATURE Lt jg (MC) Address Annapolis, Md.	SNR M. D. or other

III LUI TO TUMENAMI STATE OF ANTICALIST

STATE STATE OF

NOV 13 1947

2411 N. Charles St., Baltimore

09694

M. D. or other

C	ERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and gr How long in above place of death? 19 years, 3 month Hospital, institution, or street address where death occurred: Crownsville State Hospital, Crown How long in hospital or institution? 19 years, 3 month	or nearest town) ns., 13 days city or town	n D. C. wn limits, write RURAL and give nearest town) Street. S.W. ral, give LOCATION)
3. (a) FULL NAME WILLIAM BRAWNER		3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, wido	wed, or divorced MFDIC	AL CERTIFICATION

How long in hospital or institution? 19 years, 3 months, 13 days	(If rural, give LOCATION) 2.(a) it veteran name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM BRAWNER	
4. Sex Single Single Single Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATHNOVEMBER 15th
8, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19.40 November 15th 19.47 and that I last saw h. im alive on November 15th 19.47 Immediate cause of death. Chronic Myocarditis DURATION
8. AGE: Years Months Days It less than one day ? hrsmin.	Immediate cause of death. Chronic Myocarditis Cerebral Arteriosclerosis Known to us since 8/2/1928
9. 6irthplace Maryland (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name Unknown 13. Birthplace	Oue to
14. Maiden name Unknown 15. Birthplace	Major findings of operations.
Address Crownsville, Maryland 17 Luna Date thereof (month) (day) (year)	Antopsy results Gumma of the Intestines mesaortitis PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory A o & fital Location 18. Funeral director. Part Atom Dule	Where did Injury occur?

23. SIGNATURE

Registrar Address.

Crownsville, Karyland

PLAINLY, is especially WRITE PLEASE

VS A15

2609

Brawner - William Admitted August 2, 1928 Died November 15, 1947



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

(19695₂₁ Reg. Diat. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infa@s give residence of mother)
County	man and the second of the Con-
City or lown	Huna da sela
How tong in above place of death?	(if sutside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where teath popuration	Street No.
7 7 445	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
susan Ism	· lone,
5. Color or pace b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Wille MANNED WIGHTED	20. DATE OF DEATH A Secule 22 1947, at 4507 M
6.(b) Name of husband or wife FRANK U.	21.1 CERTIFY that death occurred on the date above slated; that attended deceased from
,	Member 22, 1945, 10 Member 22 194)
7. Birth date of APRIL 3 /89/	and that I last saw h & Lalive on Moreurles 22, 1967
deceased (mo., day, yr.,	Immediate cause of death
o. Act.	A A A A
56min.	alle allalan 1 de Semes
9. Birthplace (Town, county, and state)	Due to /Yellot
(lown, county, and state)	De Santa Company
. /	Due to Comman Summans Sumbles
11. Industry or business NONE	
12. Name NA. BEATTY 13. Birthplace MARYLAND	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name L. SCRIVNOR	Major findings of operations
14. Maiden name SCRIVNOR 15. Birthplace MARYLAND	Date of op.
18 Informant MRS. LINNIE M. NEIDERT	Autopsy results.
Address PASADENA P.O.	PHYStCIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burlai, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MAGOTHY CHURCH CEM-	Where did injury occur? (City or town) (County) (State)
Parana MA	Injured at home, farm, industry, public place (where?)
Location F DE Location	Means of Injury tnjured at work?
18. Funeral director DHA	1000 N. P 1) has more
Address 715 LIGHT ST -30	22 SIGNATURE & LIVE (. Walton LA)
11-16 47 Comprehend	23. SIGNATURE. M. D. or other
(Date rec'd hy registrar) Registrar	Address Date signed 7 2

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09696

CERTIFICATE OF DEATH

23 Reg. Dist. No......

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) 1 veteran, name war.	
3. (a) FULL NAME Ray Corroll	3. (b) Social Security Number	
4. Sex 3. Color or race 4. Sex 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Willowed 6. (b) Name of husband or wife 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 19. 10. 21. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1	
8. AGE: Years Months Days It less than one day 9. Birthplace	Immediate cause of death DURATION 7 75. Due to. Due to. Dither conditions	
Unknown 14. Malden name 15. Sirthplace 16. Informant Irving D. Harbaugh Address Stoney Run Road, Hanover, Md.	(Include pregnancy within 3 months of death) Major findings of operations	
Burial Burial Bate thereof Nov. 24-47 (Burial, cremation, or removal, Which?) Cemetery or crematory Cometary Location Loudon Park Balto. W.A. 18. Funeral director Wm. Cook, Inc. Address 1217 St. Paul Street 19. Nov. 22 19 47 A.W. Helvil	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

316

09697

/		CERTIFICAT	Reg. Dist. No	<u>*-1</u>
1. PLACE OF D	Anne A	rundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			State Maryland County Anne Arund City or town Annapolis (If outside city or town limits, write RURAL and give near Street No. 842 in rear of Franklin St. (If rural, give LOCATION) 2.(a) If veteran, name war. None	
3. (a) FULL NAM		n Carroll	3. (b) Social Security 1	Vumber
4. Sex	1 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Col.	Single	20. DATE OF DEATH NWEWLE 10 1947	1 4P. M
			21. I CERTIFY that death occurred on the date above stated; that I attended decea	19.4.7
deceased (mo., day		Days If less than one day	Immediate cause of death	DURATION
	73	hrsmin.	dempensation	10 days x
9. Birthpiace	ess I	general utility	Due to	
12. Name		inknown unknown	Oher conditions Oh Myhutus: Myrous + Stawaling (Include pregnancy rights 3 prophs of desir) nrais)	?
~	e		(Include pregnancy within 3 months of death) Naiv) Major findings of operations	
15. Birthplace		unknown	Date of op	
16. InformantM	rs Letita		Autopsy results	statistically.
17. buria (Burial, cremati	on, or removal, Which	t. Annapolis Md. Date thereof November 14-47 (month) (day) (year) er Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location	West S	t. extd. Annapolis Md.	Injured at home, farm, Industry, public place (where?)	990044404
11		les E. Hicks	means of many	
19. Nov.	Northwest S	St. Annapolis Md. 7. Registrar	23. SIGHATURE MI 71 K lawans, m. M. D. Address amapolis, m. D. Date signed.	1 . / /2 // 1/



460

09698

CERTIFICATE OF DEATH

	arles St., Baltimore 46.2
CERTIFICA	ATE OF DEATH Reg. Dist. No. 2
County City or town. (If outside play or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town City or town Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Mers France	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE DE DEATH. 19.47, 21
Pl. and Clark	20. DATE DF DEATH
8,(b) Name of husband or wife.	
7. Birth date of Ma	and that I last saw hat alive on
8. AGE: Years Months Days If less than one day 91 5 21	Immodiate cause of death DI
9. Birthplace Jessey (Town, county, and state)	P-12- Aller
10. Usual occupation Augusticife 11. Industry or business Farm	Bue to Be day Grenia 6
12. Name. Saiah Waters 13. Birthplace M.L.	Other conditions 1
	(Include pregnancy within 3 months of death)
14. Malden name. Cligabeth tring. 15. Birthplace Connabalin Sotto Med.	Major findings of operations
15. Birthplace Chanapalia Joto Mel.	Date of op.
16. Informant Elizaleth W Brown	Aotopsy results
Address Jersey M.	PHYSICIAN: Please woderine the cause to which death should be that get satisfied. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Charles Camalery	Where did injury occur?
Location Fants Meade Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Ale Witt Dandlaw	Means of injury Injured at work?
Address Lacrel Ml. 0000	19/1/12
mor 10 HT Clara Mashel	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

VS A15

NOV 21 1947

VS, A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

09699

Reg. Diat. No. 25

1. PLACE OF DEATH: County Come are a second of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2,(a) If veteran, name war.
3. (a) FULL NAME	
mrs. anna Dembeck	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Wildow	MEDICAL CERTIFICATION 2D. DATE OF DEATH NOV. 20 19.42 21.5 2 21.5 2 18.42 20 21.5 2
6.(b) Name of husband or wife (suggest Semberk). 6.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19 4 19 1000 15 19 4 7
	and that I last saw h
8. AGE: Years Months Days If less than one day ? ?hrsmin	Immediate cause of death Security Of Security Control of Security
9. Birthplace Polond, Europh (Town, county, and state)	Due to derulity
1D. Usual occupation & accessing	Due to
11. Industry or business 12. Name Pront Belling 13. Birthplace Paland, mid.	Dither conditions
14. Malden name Wasy Rephisher 15. Birthplace Poloud, Eucope.	Major findings of operations
16. Informantins Willer Semberh son,	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Several, Date thereof Overship 24-47 (Burial, cremation, or removal. Which?) Date thereof Overship 24-47 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euicide, or homicide. Date of
Cemetery or crematory Juanet Heart of Mary	Where did injury occur?
Location Control Contr	Means of Injury Injured at work?
18. Funeral director from Schully 9 Address 39/4 Hanover St. Betto 25 MA.	h. town & Parles And
19 Normalis 22 19 47 Ida na Whiten	23. SIGNATURE M. D. or other Address slev Burie, Wed Date stened 11/20/43

NOV.24 1947

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

09700

CERTIFICATE OF DEATH

BC Reg. Dist. No..

1. PLACE OF DEATH: County arms dreundel	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
" (helsen Brock, Po Fundena	State masyland count	у
(If outside city or town limits, write RURAL and give nearest town)	City or town Baldernas	e
How long in above place of death? Leviel May - 1947	(If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:		glaust.
	(If rural, give L 2 (a) If valaran name war World Wat	ocation)
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME) _	3. (b) Social Security Number
Robert Edward Dixon	,. Sr.	None.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male White married.	20. DATE OF DEATH Trovensher	U3= 1947 21/0.30p.
6.(b) Hame of husband or wife mrs. Minney. Webel	21. I CERTIFY that death occurred on the date above	
6.(c) If alive, give age	19	
7. Birth date of deceased (mo., day, yr.) Sully 29 - 1896	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
5 / 3 4 2 5 min.	aroung ce	
9. Birthplace Baltimon 2nd (Town, county, and state)	Due to	
T		
11 Industry or business City of Baltimore	Due to	***************************************
11. Heavily of Bushless		
12. Name Claserie L. Diron. 13. Birthplace Ballinger, 2nd.	Dther conditions	
	(Include pregnancy within 3 mo	onths of death)
14. Maiden name using werite bughes 15. Birthplace Balkermane, and	Major findings of operations	-
E 15. Birthplace / Salhermane, red		
18. Informani Juno. 200, J. Desois (weefe)	Autopsy results	
Addres Chelsen Beach, R. O. Pasadered, his	PHYSICIAN: Please underline the cause to which	
Burial November 6.1947	22. VIOLENCE: If death was due to external cause	
(Burial, cremation, or removal, Wbich?) / (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Centimore National Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Ballanope, Md.	Injured at home, farm, industry, public place (whe	re?)
18. Funera director Millis Luebreau	Means of Injury	Injured at work?
Address 1003 W. Baltimore St.	23. SIGNATURE LESTEDE TO PO	whenhut.
19. 11. 15. 18.4-7 Self Her	I Islew Course	her Dior other

1. PLACE OF HATTING Armidel	TE OF DEATH Reg. Dist. No.
County Hung Primace	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town	Street No. (If rural, five LOCATION) (For twhorn infants five residence of mother) (If outside fit; or town limits, wrige BURAL and give nearest town) (If rural, five LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Stichael , Soc	218-14-6448
4. Sex 5. Color orrace 6. (a) Single, married, who wed, or divorced make M	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 47.21.41
5.(6) Name of husband or wife Kellerine Worogals/G 5.(c) If alive, give age 68 yea 7. Birth date of deceased (mo., day, yr.) Jany. 11, 1889	18 19 -T
8. AGE: Years Months Days If less than one day 7 min	p + P pi
9. Birthplace	Due to disease. which
12. Name Now galste 13. Birthpiace Russia	(Include pregnancy within 3 months of death)
14. Maiden name. Not Known 15. Birthplage 16. Informant M. Kather the Sowgalski	Major findings of operations
Address Hawver Matty Raced 17. Bull A L. Oate thereot Nov. 20. (4 J. (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory (eday 14, 11) Location Drookly N, Md. R.F.D.	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Means of injury
Address Slew Butnie, and	23. SIGNAYORE THE ALL LEFTY M. D. Predicte M. B. Or other

MARGIN RESERVED FOR BINDING

9-45-15

A15 VS



SA

	1	- 1	
	270	rsel	
9	N		
1100	,		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

09702

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County Anne Arundel City or town Annapolis (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Emergency Hospital Annapolis How long in hospital or institution? 2 days 3. (a) FULL NAME FRANCES W. FORD				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state. Maryland Coulomb City or town Annapolis, Mar (If outside city or town limits street No. 211 Main Street No. (If rural, give 2.(a) It veteran, name war.	mother) Anne Aru yland write RURAL and give ner et LOCATION)	arest town)
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Femala	White		Married		1947	1 6 15 N
			Ford	21. I CERTIFY that death occurred on the date abo 21. I CERTIFY that death occurred on the date abo 19. 6 and that I last saw h	ve stated; that tattended dece U) to NOV > COV > G	9 19 4 7
8. AGE: Years		Days	If less than one day	Cerebre Ven		18 his
45 10 28				Due to		Su e
13. Birthplace Maryland 14. Maiden name 15. Birthplace Mr. Earnest J. Ford Address 211 Main St. Annapapolis, Md. 17. Burial (Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)				(Include pregnancy within 3 m Major findings of operations Autopsy results PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		atatistically.
(Burial cremation, or removal Which?) (month) (day) (year) Cemetery or crematory Cedar Bluff Cemetery Location Annapolis, Maryland			metery	Where did injury occur?(City or town)	(County)	(State)
18. Funeral director	Ben L.	Hoppir	ng and Son	Injured at home, farm, industry, public place (wi	Injured at work?	
· ·	2, 19 47		Registra	23. SIGNATURE Lange C/3 Address anuple	M. D.	or other



PLAINLY, W

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

09763

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: County	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
City or town			
3. (a) FULL NAME VIOLA GANS (July)	3. (b) Social Security Number		
4. Sex 5. Color or rece 6.(a)Single, merried, widowed, or divorced Female Negro Widowed B.(b) Neme of husband or wife 2.	MEDICAL CERTIFICATION 20. DATE DF DEATHNo.vember23rd		
1.8 1.8	and that I last saw h.er. alive on November 23rd 19.47. Immediate cause of death Chronic Myorcarditis DURATION phout 2 yr		
9. Birthplace Maryland (Town, eounty, and atate) 1D. Usual occupetion Domestic 11. Industry or business 12. Name Robert Gans 13. Birthplace Virginia 14. Maiden name Malinda ?	Due to. Die to. Die to. Differ conditions Invalutional Psychosis Known to us. (Include pregnancy within 3 months of death) Major fiedioss of operations.		
14. Maiden name Malinda? 15. Birthplace Maryland 16. Informant Hospital Records Address, Crownsville, Maryland 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funerel director Address 19. (1/2 b. 18+7) A. W. Hedrick	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If deeth was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, ferm, industry, public place (where?) Meens of injury 13. SIGNATURE M. D. or other CCOUNTS VILLE MARKET AND COUNTY (STATE)		

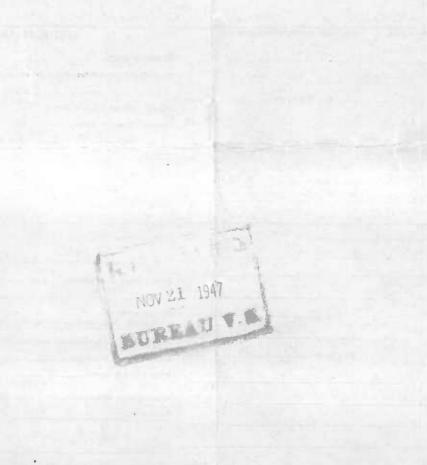
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

1. PLACE OF DEATH: At undel County W. Bristol PO. Md City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For person infants give residence of mother) State Comp Comp Comp City or town
How long in above piace of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	(If outside city or town limits, write RURAL and give nessest town) Street No
3. (a) FULL NAME Richard Thomas	Greenwell 217-07-5078
4. Sex 5. Color or sage (a) Single, married, widowed, or divorced Male Mule Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
8.(b) Name of husband or wite Elizabeth Freewell Sohi pfey/ing 8.(c) thalive, give age 4.7 years 7. Birth date of deceased (mo., day, yr.) May 2, 1890	21. I CERTIEN that death occurred on the date above stated: Wall distinct increased from the date above stated in the da
8. AGE: Years Months Days It less than one day 57 6 /5	Coronary Thromboris Rudden
10. Usual occupation	Due to Coronary Delevosis unhum
12. Name William C. Gyeenmell 13. Birthplace Byisto, Landing, Md	Dither conditions
14. Maiden name Elizabeth Howard 15. Birthplace Calveyt Co, Ma	Major findings of operations
16. Interment Elizabeth A. Gycenwell	Autopsy results
Address 9 FOUY th Ave S. W. Glen Buynic M. 17. Buyia, cremation, or removed Which?) Date thereof. No. V. 20, 1947	22. VIOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Glen Haven	Where did injury occur?
18. Funeral director Thomas W. Dinglitani Address Hley Burnie md.	Means of injury Injured at work? Deputy Warren
19. Now 19 19. 47 Della Registrar) (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. D. G. Z. Green M. D. G. Z. Green M. D. G. Z. Green M. D. Data signed 11-17-44



WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

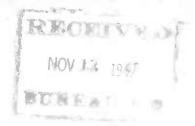
93a

09765

CERTIFICATE OF DEATH

Reg. Dist. No. 2/

	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Anne Arindel City or town Annapolis Neck A. A. Co. Md. (If outside city or town limits, write RURAL and give nearest town) Street No. R. F. D. 3 (If rural, give LOCATION) 2.(a) If veteran, name war.
-	3. (a) FULL NAME	3. (b) Social Security Number
	Joseph London Gross	220- 24-6920
	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Col. Widower	20. DATE OF DEATH OF FINANCE 1947 11 12:00 P
	6.(b) Name of husband or wife 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) March 20, 1891 8. ACE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19 10 19 10 19 17
	8. AGE: Years Months Days If less than one day	Cento Myo Carduel Janus Iday
	9. Birthplace	Due to. Short
	11. Industry or business None	
	John Thomas Gross 13. Birthplace Prince Fredrick Calvert Co.	Other conditions
	Julia Anne Duke 14. Maiden name Julia Anne Duke 15. Birthplace Prince Fredrick Calvert Co. Md.	Major findings of aperations.
		Date of op.
	16. Informant Mrs Catherine Carter	Antapay results
	Address Annapolis Neck A. A. Co. Md. Burial (Burial, cremation, or removal, Which?) Burial (Burial, cremation, or removal, Which?)	22. VIOLENCE: 11 death was ove to external causes, fill in the following; Accident, suicide, or homicide
	Cemetery or crematory Annapolis Neck Cemetery	Where did injury occur?
	Location Annapolis Neck A. A. Co. Md.	Injured at home, farm, Industry, pubila place (where?)
	1B. Funeral director Mrs Charles E. Hicks	Means of Injury Injured at work?
	Address 45 Northwest St. Annapolis Ad.	23. SIGNATURE A D. A.T. Kelvan Ord TyD
	19. Oo. (Date rec'd by registrar) Registrar	Address (10 - Car J. Ountill he pate signed 15 10 49



2411 N. Charles St., Baltimore

159

CERTIFICATE OF DEATH

09706 Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county and armed	State M. d. Couoty a. C.
City or town(If outside city or town limits, write RURAL and give nearest town)	a thet
How long in above place of death?	(If outside ty or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. //O/ Monroe St.
Emergency ((If rural, give LOCATION)
How long in hospital of Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Bally Girl Haire	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
Hemsle W Single	20. DATE OF DEATH. NOU / 19979. 21.5 30P.M
6,(b) Name of husband or wits	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6 MO 19 10 19
7. Birth date of VOV / (957)	and that I last saw h. allve on 19 ()
deceased (nio., way, yi.)	Immediais cause of death
6. AUL.	
	wearrans en
9. Birthplace (Innopholis (Town, county, and state)	Oue 10
1D. Usual occupation	
11. Industry or business	Oue 10
	Other conditions + werles premature
12. Name Harold (dwald Hairl Jr.)	
	(Include pregnancy within 3 months of death)
14. Malden name Hazel Virgenia Gallocks 15. Birthplace anappolist and	Major findings of aperations
Z 15. Birthplace wanspring with	Date of op.
16. Interment Harold & Jaire	Antopsy results
Address 1101 mouroect. Eastpart hed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 1247	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereo1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory dealer	Where did injury occur?
Location Folisville luid-	Injured at home, farm, Industry, public place (where?)
18. Funeral director of A Household System Ly + System	Means of Injury Injured at work?
40. 11 1-2	el a R
Address Sociate Final Consultation	23. SIGNATURE LLLL () uccl. M. D. or other
(Date ree'd by registrar) Registrar	Address (Laurele Ind Oate signed / 1-1: 4/7.



0	1	pay	13	179	
- 1 -	3	4	U	-	

CERTIFICA	TE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME mary Hallike	3. (b) Social Security Number
4. Sex 5. Color or race scalingle. married, widowed, or divorced Tennale White enidow	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 6 19.47, at 6
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 47. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days lifless than one day 8. AGE: Years Months Days lifless than one day 8. AGE: No. 100 Months Days lifless than one day 8. AGE: No. 100 Months Days lifless than one day	Immediate cause of death
9. Birthplace Estonia (Town, county, and state) 10. Usual occupation Cone	Due to Respersioner cardio -
11. Industry or business None	Due to
12. Name John Ceriso 13. Birthplace Estonia 14. Maiden name Ressa Stelle 15. Birthplace Estonia	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Mrs Mary Birk	Autopay results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Bulled Baie thereof (month) (day) (year)	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Madentina Control Contro	Where did injury occur?
18. Funeral director Chan Flammy Sh	23. SIGNATURE Philips W. Kinstan

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME John J. Hur	ley 3. (b) Social Security Number
Male Will Married Starred	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that Laftended deceased from 19.47. to 19.47. and that I last saw h.M
16. Intermant Sie Elgeabeth Hiraley	Antopsy results
Address 17. (Burial, cremation, or removal. Which) Cemetery or crematory Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Address 19. OU 12. 19 47 Downsh (Date rec'd by registrar) Registrar	23. SIGNATURE Cleve of The Yell Date store 10/47

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

WITH UNFA

especially PLAINLY, is especially

TE

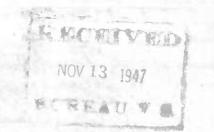
PLEASE WRI

A15 NS

BINDING

FOR

MARGIN RESERVED



097100

/	CERTI	FICATE OF DEATH	Reg. Dist. No. 29
How long in above place of death?	yere death occurred:	Street No	rite dURAL and give nearest town)
Luc	y myra deema	nn .	o, (o) bottar beturny remote
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divor	ced MEDICAL CER	TIFICATION
FW	M	20. DATE DF DEATH	23 1947 at 145/1.11
	d W. Jasmann	21. I CERTIFY that death occurred on the date above s	tated; thet Lattended decraved 17bm
7. Birth date of deceased (mo., day, yr.)	, 30, 1909	and that trast saw h alive on	
8. AGE: Years Months	Days it less than one day	Immediate came at death	
0	le hud. lown, county, and state)	Due to.	of heart
11. industry or business		BUC 10	
H 14. Maiden name Livery	Hording Md. Bull Mol.	Other conditions (Include pregnancy within 8 mon	
16. Informant Fred W	ite, md.	Autopsy results	
17	hich?) Date thereof	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	Date of
Location Washin	gton p.c.	injured at home, farm, industry, public place (where	
18. Funeral director	HARDESTY 4 SON	Means of injury	injured at work?
19. MAY AH. 19.14 (Date rec'd by registar)	0 2 10	23. SIGNATURE E. Patta Ri Registrar Address Annupolie Im	telungu ha D. atting the offer Date signed Nor: 23,941

MARGIN RESERVED FOR BINDING

UNFADMIG INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH UNF is especially important.

A15 SA age

NOV 26 1947

DE MOTOR DEL

4.

THE HEROET I STILL

PLEASE WRITE

A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3 t

(19711 ec 28

CERTIFICATE OF DEATH

1. PLACE OF DEAT	I a Secu			2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	F DECEASED:	
			state Maryland County			
CITY OF TOWN CITY OF TOWN STATES AND CITY OF TOWN STAT			RURAL and give nearest town)	Deltimana		
Hospital institution or str	reet address when	a death occurred	A.	(If outside city or town limits		
Crownsville	State H	lospital	,Crown ville, Md.	Street No. 1327 Fremont Av	6.	*******************************
How long in hospital or institution? 18 days				(If rural, give 2.(a) If veteran, name war		/
3. (a) FULL NAME	GLADYS	JOHNSC	on (# 2		3. (b) Social Security	Number
4. Sex 5	. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	Negro	Singl	.0			C
				20. DATE OF DEATH NOVember 28t	h 19.47	,at12:45A
6.(b) Name of husband or	wife			21. I CERTIFY that death occurred on the date about		
7. Birth date of	***********************	6. (d	e) If alive, give ageyears	November 10th		
deceased (mo., day, yr.)	April,1	, 1909		and that I last saw to Ialive on NOVOI		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		DURATION
38	7	28	hrsmin.	General Paresis	Known 1	0 US
Belt	imono Ci	tu Mor	wland		since	11/10/47
9. BirthplaceA.A.A.K.	(Town	, county, and s	yland	Due to	***************************************	***************************************
10. Usual occupationH	ousework	•				***********************
11, industry or business				Due to		
当 12 Name Geo:	rge John	son		- I	***************************************	
	irginia	***************************************	***************************************	Dther conditions		***************************************
		Green		(Include pregnancy within 3 m	onths of death)	
T		MY GOTT	***************************************	Major fiediogs of operations	***************************************	
	irginia					
16. Informant Hos	pital Re	cords		Actopsy results		
Address Crow	nsville,	Maryla	nd	PHYSICIAN: Please underline the caose to whi	ch death should be charged	statistically.
" Qurial		Bata than	01 12/20/47	22. VIOLENCE: If death was due to external cause	es, fill in the following:	
(Durial, cremation, or	removal. Which	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	met	Col	7 6 2	Where did injury occur?	(County)	(\$tata)
Location	A.A	. 6	2201	Injured at home, farm, industry, public place (whe		(State)
18. Funeral director	Janes	al E	Bund	Means of Injury	Injured at work?	The same
Address 108 Le	mon	G ~	mglysch.	Jacob Mrs	woustern n	1. D
12/1	. 4-	> do	D Judich	23. SIGNATURE	M. D. o	or other
(Date reg'd by registi	19 /) Pegistrar	Address Crownsville, Maryl	and Date signed	11/28/47

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09712

CERTIFICATE OF DEATH

eg. Dist. No. 28

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anna Arundel			0.5			
Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)		state Maryland County	1			
How long in above plac	e of death? L. m.o.	nths	27 days	City or town	arest town)	
Hospital, Institution, o	r street address where	death occurre	l:	. Street No. R.F.D. # 1. Box 43		
			, Crownsville, Mo			
How long In hospital o	or Institution?4m	onths,	27 days	2.(a) If veteran, name war	¥	
3. (a) FULL NAM	E			3. (b) Social Security	Number	
	WILLIAM	HENRY	JOHNSON, jr.			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Negro	Si	ngle		(.300	
				20. DATE OF DEATHNovember 19th 19.47		
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated: that i attended deci	eased from	
414.1			c) If alive, give ageyea	June 23rd 19 47 to November	1900,947	
	yr.) November			and that I last saw h. Lillalive on		
		Days	1 If less than one day	Immediate cause of death Broncho-Pneumonia	OURATION	
8. AGE: Year	s months	7			3 days	
		- 1	hrsmir	n		
9 Rictholace Ba	ltimore. Ma	ryland	state)	Due to	***************************************	
J. Diffinglesoni	(Town,	county, and	state)			
1D. Usual occupation				Bue to		
11. Industry or busine	SS			800 tu		
₩ 12 Name W	illiam Henr	v Johr	son, sen.	Other conditions Micro-Cephalic, Spastic Id	iot	
	Cambridge,			Known		
				(Include pregnancy within 3 months of death) June 2	3. 19/7	
H 14. Maiden name	Deaurice	RULL		Major findings of operations	23 -771	
15. Birthplace				Date of op.		
	snital Reco	ords		Aptopsy results.		
	_			PHYSICIAN: Please underline the cause to which death should be charged		
Address Cr	ownsville,	maryıa	ind f	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Del	elel L	Date ther	eo1 (1360) 4	Accident, suicide, or homicide		
17. Bulled Bate thereof Light (day) (year) Complete or cremator Assertance Company (company)			(month) (day) (year)	Where did injury needs 2		
Cemetery or cremator				Where did injury occur?	(State)	
location Benefor 1/0			110	Injured at home, farm, industry public place (where?)		
	1 Sins	6/1	Troda.	Mesns of inform	-	
18. Funeral director						
Address	enso	71 3	man o	- autot on custe	Y .	
121.		9	7 and your	23. SIGNATURE. M. D.	or other	
19. (Date rec'd by registrar) Registrar			Registra	Address crownsville, Haryland Date signed	11/20/47	



prc.

WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town(If <	ne Arundel Crowns ville Outside city or town lin	nils, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
	Crownsville	State	Hoppital days	(If rural, give LOCATION) 2.(a) If veteran, name war.	<u> </u>
3. (a) FULL NAM	E Alfred Jone	es		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Negro		Separated	20. DATE OF DEATH November 23, 19.47	7 . 9:55 a
	or wife?			21. I CERTIFY that death occurred on the date above stated; that I attended de August 12 19	ceased from
7. Birth date of		1900	e) If alive, give ageyears	and that I last saw h. im alive on November 23,	194.7
deceased (mo., day, 18. AGE: Years		Days	If less than one day		own to us
47			hrsmin.	0/	12/41
			utate)	Due to	
		labor	er	Due to	
	Alfred Jone	2.s		Dther conditions	
				(Include pregnancy within 8 months of death)	
14. Maiden name.	Esther Bevi Maryland	ins		Major findings of operations	
	- 77				
	_		-land	Antopsy results	ed statistically.
	Crownsville		y 1 and Nov. 26, 1947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Marion Cemetery			ry	Where did Injury occur? (City or town) (County)	
Location	Marion	, Mary	Land	Injured at home, farm, Industry, public place (where?)	
18. Funeral director				Means of Injury Injured at work?	M.D
12/1/47 19.	19	E	• F. Joyce	Crownsville, Maryland	D. or other 11/24/47
(Date rec'd by re	egistrar)		Registrar	Address	Ju



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09714

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(d) If veteran, name war.
3.(a) FULL NAME Frank Kaczynski	3. (b) Social Security Number
Male 5. Color or race 8.(a) Single, married, widgwed, or divorced married 8.(b) Name of husband or wife Mary Kaczynski	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Oct. 12, 1866 8. AGE: Years Months Days It less than one day	and that I last saw h. I.M. alive on Nov. 16, 19.47. Immediate cause of death DURATION Auth Cardio-Pascular failure under
9. Birthplace	Due to Auricular Fibrillation 11 days Due to Chronic myocarlitis 14845
12. Name Kaezyuski 13. Birthplace Poland	Other conditions (Include pregnancy within 3 months of death)
14. Malden name. Martha Nedka 15. Birthplace Poland	Major findings of operations
Address Water bury Crowns ville 1.0., Md	Antopsy results
17 (Burial, cremation, or removal. Which?) Cemetery or ocamators. S.T., S.T.A.M., S.L.A.U.S.	Accident, suicide, or homicide
Location B/++ TiMORE Md 18. Funeral director Search & Weber	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 70 \$ am 16 19. M. He Sud (Date ree'd by registrar) 19. P. D. He Sud (Date ree'd by registrar)	23. SIGNATURE AM A CLASSIC MAN D. or other Address Amabolis MA Date signed 11-16-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09715

CERTIFICATE OF DEATH

Reg. Dist. No. 22

3. (a) FULL NAME Clorica Browning Kinning 8. (a) Single, married, widowed, or divorced WI I All Social Security Number 20. DATE OF DEATH. 21. DEETIFY that death occurred on the date above stated; that altereded decreased from 18. AGE: Years Months 18. Birthplace MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. DEETIFY that death occurred on the date above stated; that altereded decreased from 18. AGE: Years Months Days III tess than one day III less than one day III l	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Set S. Color or race S. (a) Single, married, videwed, or divorced M. 1 Al. S. (b) Name of hubable or Victoria (microsty) S. (c) Name of hubable or Victoria (microsty) S. (c) Name of hubable or Victoria (microsty) S. (c) Name of hubable or Victoria (microsty) S. AGE: Years Monits Days It less than one day 7. Birth date of deceased (mic. day, yr.) M. Malden mane (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name About Market (Town, county, and state) 13. Birthplace 14. Malden name (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Majors findings of operations. Date of op. Autopy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Other of did injury occur? (City or town) (County) (State) Injured at work?		
6.(b) Name of bushafe	Cloise Browning Krainer	5. (o) Social Security Number
2.1. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5. (c) If allive, give age 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name of hubbles 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Birthplace 19. Birthplace 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name of hubbles 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Birthplace 19. Birthplace 19. Birthplace 19. Birthplace 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name of hubbles 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Date of op. Address 3 3 (I sample of the sample	5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5.(c) If alive, give age years of deceased (no. day, yr.) Promy 1 8 70 8. AGE: Years Months Days If less than one day 7 C If the state of the state	Hisrale white hidrord	20. DATE OF DEATH Bruke 9 1947 at 1 P M
1. Birth date of deceased (mo., day, yr.) Property of the sease of death. 1. Birth date of deceased (mo., day, yr.) Property of the sease of death. 1. Birth date of deceased (mo., day, yr.) Property of the sease of death. 1. Birth date of deceased (mo., day, yr.) Property of the sease of death. 1. Birth date of death. 1. Birth date of deceased (mo., day, yr.) Property of the sease of death. 1. Birth date of deat	5 (h) Name of hubbotis of Siame / Crawier	
1. Birthplace		Jan 13 1947 10 har 9 1947
8. AGE: Years Months Days If less than one day 7	7. Birth date of	and that I last saw here alive on himself 19 4
9. Birthplace (Town, county, and state) 10. Usual occupation. (Town, county, and state) 11. Industry or business		1
S. Birthplace	30 /	
Due to	9. Birthplace January and state)	
12. Name Of the conditions of	1/enage	
13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Intermant 16. Intermant 16. Intermant 17. 16. Intermant 17. 18. 18. 18. 19.	11. Industry or business Om home	
14. Maiden name 15. Birthplace 16. Interment 15. Birthplace 16. Interment 16. Inte	12. Name John Browning	4
Address 3 3 (Tr. Surger St. Manuel Physician). 12 147 17. (Burial, cremation, or remodel, Which) (month) (day) (year) Cemetery or cremetory (City or town) (County) (State) Location (Location) (Manuel Physician) (Manuel Physician) (County) (State) Injured at home, farm, industry, public place (where?)		
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	15. Birthplace Priginia	
Address Address Cate thereof (Burial, cremation, or removal, Which) Cemetery or crematory Location Address Cate thereof (month) (day) (year) (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	2011/100	Autonay results
22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or remodil. Which;) (Cemetery or cremetory (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	Address 331 On Survey St James med	
(Burial, cremation, or remodil. Which?) Cemetery or crematory. Location. Location. (City or town) (County) (County) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	Rusial 12/47	
Location Sau Duch Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Means of Injury Injured at work?	Gemetery or creparatory	
Means of Injury Injured at work?	Location Saudil / Mills	Injured at home, farm, Industry, public place (where?)
II 18. PUNETZI UITECTOLOT.	6/6/1 HA Solma Idea	Means of Injury Injured at work?
Address Hannel. Mich. D. Olafest of Mile men by le	Have March	Profest of mile men In 12.
19. Mar / 1947 What Registrar Address		23. SIGNATURE DO OF OTHER DO OF OTHER SIGNAL 11/9/47

NOV 21 1947

WRITE

PLEASE

A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09716

CERTIFICATE OF DEATH

Reg. Diat. No.

City or town. Crowns ville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Crowns ville, Md. How long in hospital or institution? KRAIL, Hedwig	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Anne Arundel Crownsville, Md. (If outside city or town limits, write RURAL and give nearest town) Street No		
4. Sex female 5. Color or race 6.(a)Single, married, widowed, or divorced Willowed	MEDICAL CERTIFICATION Nov. 27 20. Date of Death		
6.(6) Name of husband or wife Adolf Krall, deceased 7. Birth date of Nov. 20, 1875 deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from Nov. 27 19. 4 and that I last saw b. alive on 19. 4	17 17	
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of fronary occlusion immediate cause of death	late	
9. Birthplace Brody Coland (Town, county, and state) 10. Usual occupation None	One to. Chronic myocarditis years Arteriosclerosis		
11. Industry or business 12. Name	Diabetes mellitus M		
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations		
17. Curial, cremation, or remeal. Which?) Cemetery operatory Location Rela Rd Hamelton (well) 18. Funeral director Location (well)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Address (So Eutaw Place) 19. 11 - 28. 19. 7 Eleganor Place (Date rec'd by registrar) Registrar	23 SIGNATURE Hans Meyer M. D. or other Address (No v. 27,	47	

PLEASE WRITE

A15 NSA

correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

State Many Level Country with the Real and give nearest town) State Many Level Country Country Country Many Many Country State Many Level Country Grant C	County Aure Avundes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
How long in above place of death. Continue of the address where shall be scarces: Charmer of the scarces of the address where shall be scarces: Charmer of the address	City or town. Crowns Ville Mary land (If outside city or town limits, write RURAL and give nearest town)	State Mary land County	
Rew long in hospital or institution? I security Sumber 3. (a) FULL NAME E 11 a L ONG 5. Selector or race 6. (a) Single, married debred, or divorced MEDICAL CERTIFICATION Co. Date of husband or write 1. Birth date of decased (me, day, yr.) Accord of decased (me, day, yr.) S. (b) It alive, give age 7 years 8. AGE: Vest Menth Test Menth Test Menth Test Menth Crown, country, and atates 10. Usual occupation. Addition of the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; that I attended decased from height according to the date above staled; the stale according to the date above staled; that I attended decased from height according to the date above staled; the stale according to the date above staled; the date according to the date above staled; the date according to th	How long in above place of death?	City or town	
3. (b) Social Security Number 8. (c) Following Social Security Number 8. (c) Name of hurband or wife 8. (c) Name of hurband or wife 8. (d) Name of hurband or wife 8. (e) Name of hurband or wife 8. (f) Name of hurband or wife 8. (i) It alive, give age 9. (ii) It alive, give age 10. Birth facts of deceased (mo. 637, yr.) 11. Birth facts of deceased (mo. 637, yr.) 12. Birth facts of deceased (mo. 637, yr.) 13. Birthplace 14. No. Social Security Number MEDICAL CERTIFICATION 27. No. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	How long in hospital or institution? 2 months 5 Jays	(If rural, give LOCATION)	
4. Sex S. Color or race	3. (a) FULL NAME		
MEDICAL CERTIFICATION 6.(0) Name of husband or wife 6.(0) Name of husband or wife 8.(0) Halve, gire age 2 year 3 deceased (mi. day, yr.) 8. AGE: Yeart Menths 9 ayr If less than one day This, min 9. Birthplace Town, county, and atate) 10. Usual occupation 11. Industry or business 12. Hane J. C. C. J.		3. (b) Social Security Number	
S. (c) Name of husband or wife S. (c) It alive, give age Years S. (c) It alive, give and that leats about the Years S. (c) It alive, give and that leats about the Years S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the same of death. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the S. (c) It alive, give and that leats about the same alive, give and that leats about the same alive,	f ne gro The way	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVember 27 H 42 12 25 A	
1. Birth date of decaded (no., day, yr.) 2. State 1. Birth date of decaded (no., day, yr.) 2.	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decreased to	
8. AGE: Years Months Days If less than one day Immediate cause of death DUNATION	1. Bitti date of	September 22 18 47, 10 November 27 18 47	
S. Birthplace Vizsima Due to.		Immediate cause of death	
9. Birthplace	505 1 2	General pares, & known to us	
11. Industry or business 12. Name	(Town, county, and state)	Pro-A-	
12. Name		Due to	
13. Birthplace Virginia 14. Malden name. Arde / ia Gibings 15. Birthplace Virginia 16. Informant. // Hospita/ Records Address Crowns V. //// Date thereof M. 29 Location Date of op		known to us	
14. Malden name	13. Birthplace Vie Sing		
Address Crowns V. He, Mary land 11	H 14. Malden name Ardelia Gibings		
Address Crowns V. He, Mary land 11	W 15. Birthplace Virginia		
Address LYDUNS V. Ne Mary land 17			
Cemetery or crematory. Location Sulfame Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address 63 Armi Still Gree 18. Funeral director. 19	Address Crowns V. 11e, Mary land	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
Cemetery or crematory Location Button City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Address Address	(Burial, cremation, or removal, Which?) Date thereof (Month) (day) (year)		
18. Funeral director. Address Address Address 18. M. 29 19. M. D. or other M. D. or other	Cemetery or crematory. Mrt. Clubury	Where did Injury occur?	
18. Funeral director. 19. Address 16.31 April 24:16 Green 19. 11.29 19. 19. A to I tedricil 23. SIGNATURE across March Mr. D. or other	Location Bultimore, Wel,	(City or town) (County) (State)	
19. 19. 19. 19. 4 A W / Ledrick 23. SIGNATURE across War Deliver M. D. or other	18. Funeral director Mus. Low. At. Allen	Milana of talena	
(Data refer d by forming and)	Address 1631 Drive Stilf aver	Coop Morana to Mary	
	19. (Date rec'd by registrar) 18. Dr. Registrar	(0 -)	

10666 Long - Ella Qornilled September 22, 1947 expired hovember 27, 1947

· > 2

WRITE

PEEASE

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09718

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Anna Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Beltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1120 W. Lexington (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME IGNATIUS LYLES	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH NOVEMBER 26th
8. (6) Name of husband or wife Mery Birth date of deceased (mo., day, yr.) 8. AGE: 72 Months Days If less than ooe day hrs. min. 9. Birthplace (Town, county, and atate) Farmer 10. Usual occupation	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from October 13th 19.47b 10. November 26 19.47 and that I last saw him alive on November 26th 19.47 Immediate cause of death General Arteriosclerosis Since 10/13/4 Due to
11. Industry or business 12. Name	Diher conditions Psychosis with Cerebral Arteriosclerosis Known to u (Include pregnancy within 3 months of death) Major findings of operations.
Hospital Records Address Crownsville, Maryland	Autopsy results
17. Parial Date thereof 12/3 (gonth) (day) (year) Cemetery or crematory Mt Cultury Location 18. Funeral director 190 3 Pressyman 24	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

09719

Reg

	Diat.	No. 2
-	_	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County March Massall	(For newborn infinite give recidence of mether)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County C. County C. City or town Edd A. County C. City or town [(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Salary Hospital Institution, or street address where death documed:	1 2 (+ 1/ 1
Emergency Apportal, Umapolis	Street No. (If rural, give LOCATION)
How long in hospital or institution? 5 Olygo	2.(a) If veteran, name war.
3. (a) FULL NAME Malch talias) II	Am. N. Machael 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Luktronom	MEDICAL CERTIFICATION 20. DATE OF DEATH NEW 27 1947, 21/130/2 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyears	and that I last saw h home alive on 2nd 27 19.4.7
7. Birth date of deceased (mo., day, yr.)	and that I had some him below the
8. AGE: Years Months Days If less than one day	Immediate cause of death
61 min.	M. mustandetin Callering & 9 W
9. Birthpiaco Arine Accounty, and gente)	Due to.
10. Usual occupation Farm Faborer	Due to
11. Industry or business	
12. Name Luchuse	Bilat. absolut Chucma no.
14. Maiden name	(Include pregnancy within 3 months of death) Major fiadings el eperations.
S 15. Birthplace	Date of op.
18. Informan Helleum a. Juckens	Autopsy results
Address 9/6 Pennas live	
17. Baie thereof. 2 - 1 - 47 (Borini, cremation, or removal. Which?) Date thereof. (menth) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Mayothy	Where did Injury occur?
dimen allen set los youd	Injured at home, farm, Industry, public place (where?)
Location Control Contr	Maana of Injury Injured at work?
18. Funeral director Villeum a. Julian	means or injury
Address 916 Pennas, Que Galte 1.	23. SIGNATURE M. J. Klawans m
19. (Date rec'd by registrar) 19. 8.7. A. W. Redistrar	Address MM Date signed (1/2) / 8

RESERVED FOR BINDING

MARGIN

PLAINLY, vis especially

PLEASE WRITE

A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

107

09720

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1 PLACE OF DEA	rn: nn Arund	e 1		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			URAL and give nearest town)	State Maryland County Ann Arundel City or town Maryland County Ann Arundel (If outside city or town limits, write RURAL and give nearest town)		
How long in above place o Nospital institution, or s	f death? ireet address where d Lege Cre	eath occurred	rrace	Street No. 55 College C	mits, write RURAL and give ned TEEK TETTACE give LOCATION)	arest town)
How long in hospital or I	nstitution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME	nt. Me	Gowa	n		3. (b) Social Security	Number
4. Sex Female	5. Color or race Colored	6.(a)Single	e, married, widowed, or divorced	MEDICAL 20. DATE OF DEATH OF OFFI	CERTIFICATION When 29 1947	450pm
B.(b) Name of husband of the state of the deceased (mo., day, yr.	***************************************	6.(0	e) It alive, give ageyears	21. I CERTIFY that death occurred on the date	above stated; that I attended dece	2 9 19 4 7
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	neurona	DURATION
9. Birthplace	(10wn, c		nate/	Due to		-
13. Birthplace	Annapolis	s, Mci.		Dither conditions		
14. Maiden name	Carry Ros nnapolis	, Nd .	•	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant	Carry Mc	Gowa	n Terrace	Autopsy results PHYStCIAN: Please underline the cause to	o which death should be charged	statistically.
	or removal, Which?) Brewer F	Till	Dec. I T947 (month) (day) (year)	22. VIOLENCE: It death was due to external Accident, suicide, or homicide Where did injury occur?	Date ofvn) (County)	(State)
1B. Funeral director	Annie A.	Johr	ison	Meane of Injury	Injured at work?	<u> </u>
	Annapoli	s,Md	P. O. Pox 462. Registrar Registrar	23. SIGNATURE.	M. D. OCC Bate signed.	or other 2 - 1 - 2 7





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County La : A :	(For newborn infants give residence of mother)			
City or town. It class (If outside city or town limits, write RURAL and give nearest town)	State md County & E.			
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. # 1 - Jerding ans			
Dersay ave	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
namor Caroll	Mische,			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Lewoce White married.	20. DATE DF DEATH			
8.(b) Name of husband or wife was E. Meacher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
$\gamma \nu$	19.35, 10 7/20.) 19.4			
7. Birth date of years	and that I last saw h. 4 allve on 9000. 7			
deceased (mo., day, yr.) 30- 1896				
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 3 Log			
5/ / 8hrsmin.	1			
Rolling md.	- E-Yesi Delega-			
9. Birthplace	Due to.			
10. Usual occupation House wife -				
10. Usual occupation.	Due to			
11. Industry or business				
12. Name Oliver Heart, Dung dre	Other conditions 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
13. Birthplace				
# Herestle C. Reside	(Include pregnancy within 3 months of death)			
14. Maiden name	Major fiudings of operatious			
15. Birthplace Baying Mrd.	Date of on.			
16. Jatormant Wru- E. Meseke	Autopsy results			
T. 1 1000	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Flydmand WC.	22. VIOLENCE: It death was due to external causes, fill in the Ioliowing;			
17 Date thereof.	Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year)				
Cemetery or crematory	Where did injury occur?			
Location (Retaine Highway	Injured at home, larm, industry, public place (where?)			
18. Funeral director Sw. H. Lembach	Means of Injury Injured at work?			
Address [25 N. Lyndhust St.	2 2 0 2			
AUDITOSS V - V A				
	23. SIGNATURE			
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 7-4			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3 (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced f. Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Nov 28 19 47, 21 4 5
6.(b) Name of husband or wife Charles & Pyiller	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw has alive on 19 Junation Imprediate cause of death Duration Cerebral Duration Lineary L
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to 12 Ge
11. Industry or business 12. Name	Dther conditions. allers Selver 12 900
14. Maiden name Alix Redpett 15. Birthplace Allicaio	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Charles & Frilly Address 517 6 3 St. Earthort Med	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homtcide
Location Busine Park	Injured at home, farm, Industry, public place (where?) Meens of trijury Injured af work?
Address Assumption The Property of the Propert	28 SIGNATURE Learge C Boslom M. D. or other Address Auropoles M. Date signed 12-1-4

RESERVED FOR BINDING MARGIN

PLEASE.

A15 NS

DEC 2 1947

BUREAUTE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131 6

CERTIFICATE OF DEATH

09723 Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
UUIII)	State Mary Caus Country G. a. Co.
City or fown	
How long in above place of death?	Cily or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 407 Third Street No. 407
	(If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME anna Bartara	Mitchell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Wihard	20. DATE OF DEATH. 705 14 1847 21 3300
0 & 9 anis 1 11	
6.(b) Name of husband or wife. John J. Tytchell	21. I CERTIFY that death occurred on the date above stated: that faithness deceases from
	and that I last saw h alive on 19.44
7. Birth date of deceased (mo., day, yr.) June 8 th 1889	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION 1 Who
58 5 6mirs.	1 Jugaerra 1 100 actives
	Dromphyal asehma 4 evr
9. Birthplace Ballinge Md. (Town, county, and state)	Due to Constant
10. Usual occupation WANG	
	Due to
11. Industry or business	Bloc andillow Che. rephnites unker
E 12. Name. William Pilt	Dther conditions Che. Nephruta unker
₹ 13. Birthplace uukaauu	(Include pregnancy within 3 months of death)
14. Maiden name unkersuu	Major findiogs of operations.
15. Birthpiace unknawn	Major hadiogs of operations
	Date of op.
16. Interment Jakes L. Frutchell	Actopsy results
Address 407 3ª St. Carlot lu	
17 Burial Bate thereof 11/12/47	22. VIOLENCE: If death was due to external causes, fill in the following:
17. But (Burial, cremation, or removat. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Cedae Bluff Cemeters	Where did Injury occur? (City or town) (County) (State)
Location auraportis, ONS	Injured at home, farm, Industry, public place (where?)
Out on on yel	Msans of injury Injured af work?
18. Funeral director	2 0
Address aurapolis Address	- P23 SIGNATURE Leage C / Dasil
Nove 17 47 11 10 1000	M. D. or other
(Date rec'd by registrar) Registra	Address Christophes M Date signed 11-17- C



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Congre Consoll	
City or town	State M. County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1203 Valley
marglina Jung & mestion	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME William mullen	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male WX Lingte	20. DATE OF DEATH 205 16 1947, at 22.05 13. M
6.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	WW 12 19 47, to NW 16 19 47
7. Birth date of	and that I last saw h. Ama alive on Mr. 15 1947
deceased (mo., day, yr.) 100, 17,1892	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Coultal amorage 3 desp
5-# \$ 1/ 20hrsmin.	
01/5/1	
9. Birihplace J. 2 a. (Town, county, and state)	Bue to Carller - A Character
10. Usual occupation Malle Junder	Due to
11. Industry or business	
12. Name Thomas Muller 13. 91rthplace Balton and	Other conditions Channe algumation
13. girthplace Parto hid.	(Include pregnancy within 8 months of death)
14. Malden name. Naux E. Watts 15. Birtholace Brills. Ind.	
5 15, Birtholace Biello. Ind.	Major findings al operationa
On B. 1. 1 m. 16.	Bate of op.
16. Informant	Antopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 1205 Miles 181	22. VIOLENCE: Il death was due to external causes, Illi in the Ioliowing;
17. Bate thereot	Accident, sulcide, or homicide
Cemetery or crematory Herry Conthegeland	Where did injury occur?
Location Old Frederick Rd (Ralto had	Injured at home, farm, industry, public place (where?)
Elmer & Coalli e Sou	Means of Injury Injured at work?
18. Funeral director & Walter & Garage & St.	Y a man for
Address Factor Store of Cagar 87	23. SIGNATURE LOUIS WAYN
(Date ree'd by registrar) 1947 Class Hoaslish Registrar	Address Address Date signed MV 16 47.

NOV 21 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1645 BC 09725

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DATH: County County City or town. (If outside city or town limits, write RURAL and give new est town) How long in above place of dealh? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infantshrive residence of mother) State
How long in hospital or institution?	
3. (a) FULL NAME Frank T. Murra	
1. Sex 5. Color or race 8. (a) Single, married, wildowed, or divorced Muste married	MEDICAL CERTIFICATION Cost Nov. 14 19.47 21 845 p. M
B.(b) Name of husband or wife MINN A. DITTHER MORREY. 7. Birth date of deceased (mo., day, yr.) 1884	21.1 CERTIFY that death occurred on the date above state Otta American Con-
8. AGE: Years Months Days If less than one day	Such by
9. Birthplace	Due to
12. Name	Other conditions
Address GREEN HOUNT NE Days Address GREEN HOUNT Registrar (Date ref'd by registrar)	Antopsy resulta. PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Physician County Where did injury occur? Classification (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at worke 23. SIGNATURE. Address. Address. Date signed.

University 2414.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

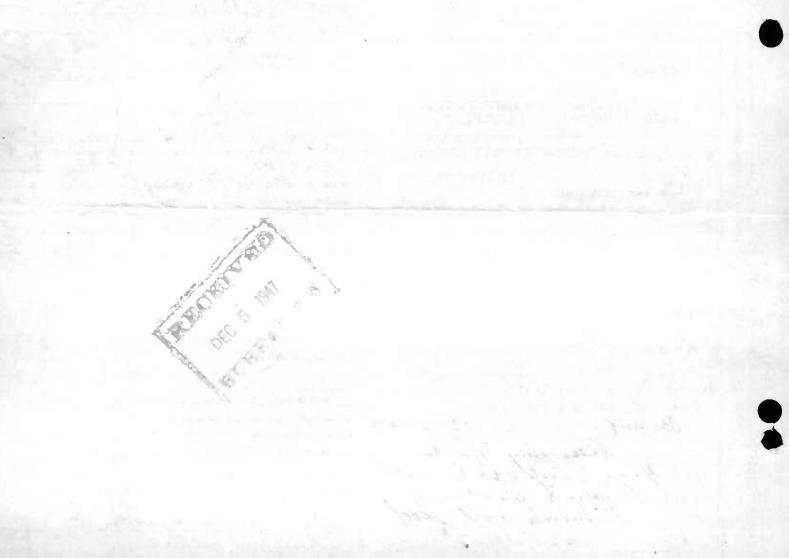
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09726 Reg. Dist. No. 28

1. PLACE OF DEATH: County Anne Arundel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Quanc'N		
How long in above place of	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 1 day Hospital, Institution, or street address where death occurred:			City or town Centerville, Maryland (If outside city or town limits, write RURAL and give nearest town)		
			L, Crownsville, Md.	Street No		
			L day	(If rural, give	/	
	institution ;		M.,	2.(a) If veteran, name war		
3. (a) FULL NAME	NEWMA	N - IS:	IAH		3. (b) Social Security Number	
4. Sex Male	5. Color or race Negro		e, married, widowed, or divorced		ERTIFICATION	
					h 19.47, at 5:15.P.	
The second second			chax Bertha Newman		7 November 30ths 47	
7. Birth date of deceased (mo., day, yr.			, , , , , , , , , , , , , , , , , , , ,	and that f last saw himalive onNO.V.	mber 30th 19 47	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
62	?	?	hrs. min.	General Paresis	Known to us	
					since Oct. 29, 1947	
9. Birthplace	yland	eounty and	14.4.4.3	Bue to		
			puncey			
		******************	***************************************	Bue to		
11. Industry or business	1 2 20					
F		n		Other conditions		
₹ 13. Birthplace UT	known			(Include pregnancy within 3 m		
14. Maiden name 15. Birthplace UI	unknown					
W 15 Birthniana UI	known			Major findings of operations		
		3			Bate of op	
				PHYSICIAN: Please underline the cause to whi		
Address Crow	msville,	Maryla	ind			
17. Buris (Burisl, cremation, o	removal Which?	. Date there	of 12-3-47 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
Cemetery or crematory	. / 13	/2		Where did Injury occur?(City or town)	(County) (State)	
no			-00 2000			
Location	5/		1001111		ere?)	
18. Funeral directo	19an	X X	m	Means of injury	Injured at work?	
Address	Chur	ch 1	till feel	23. SIGNATURE and Mour	eguster, m-1)	
19. //2 (Date rec'd by regis	19 4)	المع	gand. forme	Address Crownsville, Maryl	M. D. or other	



93d

09727

CERTIFICATE OF DEATH

. Yne correct age legibly.

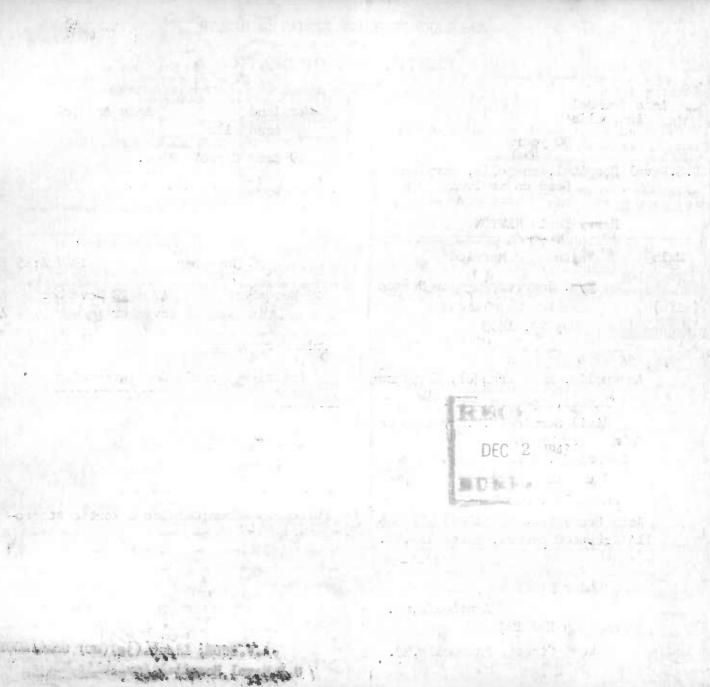
MARGIN RESERVED FOR BINDING

WRITE

PLEASE

Res Dist No 21

		CERTITION	Reg. Dist. No	+=====================================	
1. PLACE OF DEATH: County Anne Arundel City or town Manapolis City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 30 years Hospital, institution, or street address where death occurred: U.S.Naval Hospital, Annapolis, Maryland How long in hospital or institution? Dead on arrival			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
3. (a) FULL NAM	Harry Edwi	n NE TON	3. (b) Social Security N	umber	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 28 November 191947, 24:		
	, yr.) May 2	erres Augusta Newton	21. I CERTIFY that death occurred on the date above stated; that I attended decease 28 November 19 47, to 28 November and that I last saw h im alive on 28 November Immediate cause of death	er 19 47	
1D. Usual occupation	Plumber, F	8 hrs. min. ne Arundel, Maryland county, and state) oreman Mech. vice(U.S.Naval Academy)	Due to. Arteriosclerotic Cardiavascular Disease Due to.		
12. Name	hn Henry Ne Cambridge, Mary Elle	wton Massachusetts n Basil	Other conditions		
16. Informant Jo		wton(father) venue, Annapolis, Md.	Pulmonary Edema; Cardiac & Aortic At Antopsy results. PHYSICIAN: Please to which death should be charged at the control of th	hero-	
	al on, or removal. Which?) otory Cedar Bl	Date thereof. 12-1-47 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	
18. Funerat director	Benjamin HO	Annapolis, Md. PPING and Son reet, Annapolis, Md.	Injured at home, farm Industry, public place (where?) Mesns of Injury Injured at work? 23. SIGNATURE CAR. M. CLAFFY A. Medical Exam. M. D. of M.	/ T Y ni her : rother 1-28-47	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

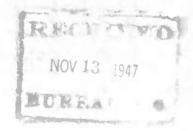
2411 N. Charles St., Baltimore

09728

CERTIFICATE OF DEATH

Dist. No. 28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM (For newborn infants give regide)	E) OF DECEASED:
County	State Man land	County Change Chandles
City or town (1) outs de city or fown limits, write RURAL and give nearest town)	1844	u + mest.
How long in above place of death?	City or fown(If outside city or town	mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.	
	(If rura	l, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war	
3. (a) FULL NAME	11.	3. (b) Social Security Number
Vauline 17e	ffer	
4. Sex 5. Color or race 6.(a) Single, married, widowed, of thorced	MEDICA	L CERTIFICATION
7 W. Widow	Marian	An 400 47 1 B
0 100	20, DATE OF DEATH.	19
6, (b) Name of husband or wife. Greet C. J. Angle	21. I CERTIFY that death occurred on the d	
6.6) If alive, give age	Veges	6 Xammarion
7. Birth date of	All the ball and beautiful and the second	Mov. 4 19.47
deceased (mo., day, yr.) 8. A.G.F.: Years Months Days If less than one day	Immediate cause of death	OURATION
6. AUL.	Stated	madfit
00 10 22hrs.	min. No acretes	meling mining
9. Birthplace Wiscousin	Dve-lo.	L. D. Marie III
(Town, county, and state)	weaver	a coma month
1D. Usual occupation	Oue to	
11. Industry or business		
= 12. Name Henry Clank	Dther conditions	
12. Name Leave Cant		
	(Include pregnancy wi	
14. Maiden name Ruchardon 15. Birthplace Museum		
E 15. Birthplace		Date of op
16. Interment Mrs Slady Darry	Autopsy resnits	
Address Ephring Forest GaG m		e to which death should be charged statistically.
May 1.51	22. VIOLENCE: If death was due to exte	rnal causes, till in the following:
(Burial, cremation, or re-poval, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or cramatory Fort Lucels	Where did Injury occur?	town) (County) (State)
Para 9 9 Ca MIS.		ace (where?)
Location	Means of injury	injured at work?
18. Funeral director van W. Vay a - Vou	means of injury	Le la Deputy
Address / amsholi 24d.	MI M	last, by to medical
0/ 8) 1/0/ 187/ 10	23. SIGNAFURE	M. D. of other
19 /VOV. 6, 18 4/ 6 thouse now	al Amaboli	in Md 11/4/4"
(Date rec'd by registrar) Regi	strar Address	Date signed



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH: 00/290
1. PLACE OF DEATH	921
County anne arendel	Registration Dist. No. 23 -
Village or City Glan Burnie	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Retext Redgley Redards	
(a) Residence: No. 413 325 am S.w.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Whale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Non. 23 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mus Carolis Richards.	22. I HEREBY CERTIFY, That I attended deceased from 1976, to 20 23 157 7
5. DATE OF BIRTH (month, day, and year) 7 an Zd, 1879-	I last saw h. Let. alive on new 23 , 1947; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / Dm.
68 11 29 fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Pranty (Return) SAWYER, BOOKKEEPER, etc.	Cheone Valrala Deran of
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at Total ima (years) Cur spent in this occupation (month and og and year).	
12. BIRTHPLACE (city or town) Ballingors, Md. (State or country)	Other Contributory Causes of Importance:
1 13. NAME Rosert Richardson.	
14. BIRTHPLACE (city or town) Ballimore, nd (State or country)	Name of operation
15. MAIDEN NAME Lackner.	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Ballamary, Mad (State or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Thes Caroling Richardson. (Addrass) Tem Bearing not.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, IN MOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Monday Cof Date Navy 26, 1947	Manner of injury
19. UNDERTAKET Trames W Jugatem (Address) For Durine and	24. Was disease or injury in any way related to occupation of daceased?
20. FILED 11/25, 19.47 DIN Alba. Registrar.	(Signed) Same S. Beering. M. D. (Address) Law Beering. Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onest	
	of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car NOV 28 1917	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	1921 Run over by street car NOV 28 1977 July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINLY, is especially

WRITE

PLEASE

(Date rec'd by registrar)

A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

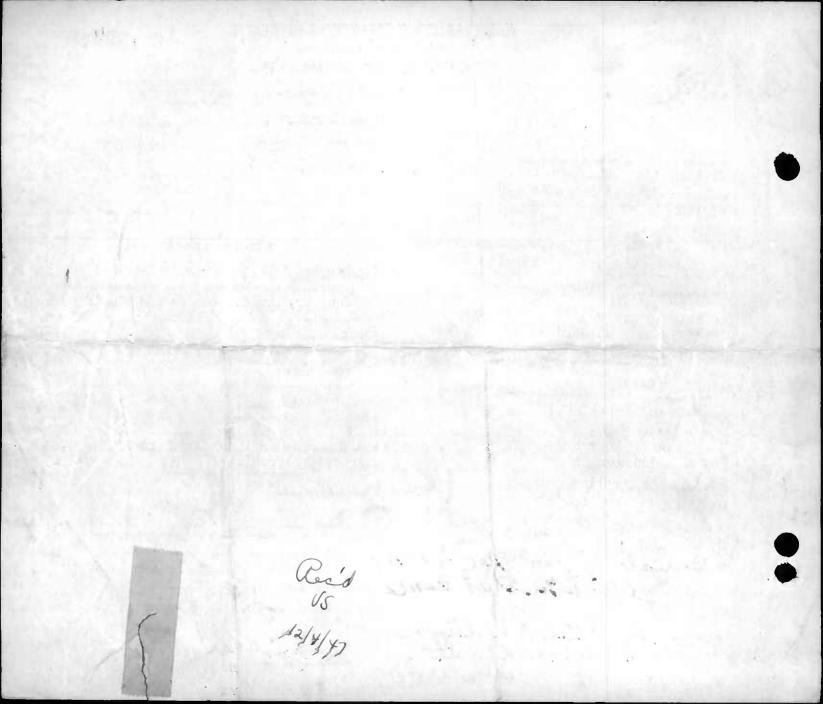
M. D. or other Date signed 11/29/47

			CERTIFICA	TE OF DEATH	Po	Reg. Dist. No	26
1. PLACE OF DEATH: Anne Arundel County			2.(a) tf veleran, name war	Course Co	write RURAL and give ne (A) LOCATION) 3. (b) Social Security ERTIFICATION	Number	
T. Birth date of	d or witeNanc		live, give ageye	June 25 and that I last saw h im	Nover	Movember 29,	r 29 19 47
deceased (mo., day 8. AGE: Yea	ars Months	Days If	f less than one dayhrsm	Immediate cause of death		wn to us sinc	e June 25
9. Birthplace	Chauffeur	county, and state)		Due to			Known to
12. Name Ja. 13. Birthplace	mes Robert Unknown to Caroline	Jackson		Dither conditions General Arteriosclero (Include pre	OSIS egnancy within 3 n	nonths of death)	June 25 1947
16. IntermantHC	Unknown to	ords				Date of op	
17 Buri	ownsville, Tale on, or removed water atory Clost Mus Mar	Date thereof	lec 4 194 (month) (day) (year) val com valians	Accident, suicide, or homicide. Where did injury occur? Injured at home, farm, industr	(City or town)	Date of	(State)

23. SIGNATURE.

Registrar

Address Crownsville,



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charl	EPARTMENT OF HEALTH Lea St., Baltimore TE OF DEATH Reg. Diat. No. 28
1. PLACE OF DEATH: County Anne Arundel City or town. Crownsville, Maryland (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 29 days Hospital, institution, or street address where death occurred: Crownsville State Hospital, Crownsville, Md. How long in hospital or institution? 29 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington, D. C. (If outside city or town limits, write RURAL and give nearest town) Street No. 2007. Rosedale Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME CURTIS N. ROBINSON	3. (b) Social Security Number
Male S. Color or race Negro S. Color or race Negro Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATHNovember 26th
6.(b) Name of husband or wite LULS No. Robinson 7. Birth date of deceased (mo., day, yr.) ? 19.20	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from October 28th 1947 to November 26ths 47 and that I last saw h. im. alive on November 26th 1947
8. AGE: Years Months Days tt less than one day ?hremin.	Immediate cause of death DURATION General Paresis Known to using a 1668
9. Birthplace	Due to
12. Name Quille Robinson 13. Birthplace India 14. Maiden name Anitta Narciene	Diher conditions General Paresis Known to us since 10/28/19 47
14. Maiden name Anitta Narciene 15. Birthplace Cuba 16. Informant Hospital Records	Major findings of operations. Date of op. Autopsy results.
Address Crownsville, Maryland 17. Associated Bate thereof (month) (day) (year) Cemetery or crematory (month) (day) (year) Location (Mashington John Brase) 18. Funeral director (Jack Brase) Address 62/ Fla and Nw Mash B	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
19. (Dafe rec'd by registrar) [Dafe rec'd by registrar] [Dafe rec'd by registrar]	Addrese Crownsville, Maryland Date signed 11/26/47

DEC 1 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1340

CA

Neg. Dist. No. 32

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County asser agendel Co	(For newborn infants give residence of mother)			
City or town. Assumple	State County	State County County		
(If outside city or town limits, write RURAL and give nearest town)	City or town St. Cale the true			
How long in above place of death?	City or town	rest town)		
	Street No.			
Emangement Hongestal	(If rural, give LOCATION)	./		
How long In hospital or institution?	2.(a) 11 veteran, name war	······································		
3. (a) FULL NAME	3. (b) Social Security 1	Number		
Emma C. Roger		-		
4. Sex 5. Color or race 6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION	-		
FWM				
FIWIM	20. DATE OF DEATH 19.4.7	, al		
6.(b) Hame of husband or wife Trunk Rogers	21. I CERTIFY that death occurred on the date above stated; that I allended decea	ised from		
S.(c) It alive, give age	Oct. 26 1947, 10 ha	F. J. O. 19. 4.7		
7. Birth date of	and that I last saw h.e.t. alive on	19		
scorages (mo., say, y	Immediate cause of death	DURATION		
8. AGE: Years Months Bays If less Ihan one day				
62 // 9hrsnin	- Lamie			
a Mathelian G. a. Co. Sul.		10 14		
9. Birihplace (Town, county, and state)	Due to.	12 desga		
10. Usual occupation haddalalala				
	Due to.	***************************************		
11. Industry or business	- hiphwathan	.b. mes		
12. Name Through Crashell 13. Birthplace with a server	Other conditions	***************************************		
13. Birthplace wakes	(Include pregnancy within 3 months of death)			
14. Maiden name Mary Wartse				
14. Maiden name Mary Harts	Major findings of operations	••••••		
2 15. Birinplace summer control	Date of op.			
18. latermant Frank C4. CC LLC	Autopsy results.	***************************************		
Address St. Peterstung, Fla.	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.		
2:	22. VIOLENCE: It death was due to external causes, fill in the tollowing;			
17. (Burisl, cremation, or removal, Which?) Date thereot (pouth) (dec) (year)	Accident, suicide, or homicide	******************		
Cemelery or crematory Guaker Buriel Grann	Where did injury occur?			
		(State)		
Location Balles III a:	Injured at home, farm, industry, public place (where?)	······································		
18. Fuoeral director Italy and Tag for y Se	Means of Injury Injured at work?			
Address Winapalis	3. SIGNATURE E. Payton Ritching	e.m.19.		
19. Nov. 12 19 47	A	r other		
(Date rec'd by registrar) Registrar	Address Danapple , md . Balo signed !	W.11,6947		

10V 13 1947

VS A15

1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

182

2. USUAL RESIDENCE (HOME) OF DECEASED:

09733

CERTIFICATE OF DEATH

Reg. Diat. No.

County Court asserted	(For newborn infants give residence of mother)
1. Valabase of the 1 F.D Bullisand up	State
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2 Souge -	(If outside city or town limits write RURAL and give nearest town)
	1 to 1
nospiral, institution, or street address where death occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Putrick John Roystel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Black lingle.	20. DATE OF DEATH 200 2 0 19.4 3, 21.4 4 M
R.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	and that I last saw halive on
deceased (mo., day, yr.) 2002_ 3 - 1947	Immediate cause of death
8. AGE: Years Months Days If less than one day	beply sid - Redew.
17hrsmin.	
9. Birthplace University Hosp Baltimore, Mil	(19.1. It has
9. Birthplace (Town, county, and state)	Due to.
10. Usuat occupation. // oru-	
10. USUAT OCCUPATION	Due to
11. Industry or business	
E 12. Name Carly Koyster	Other conditions
₹ 13. Birthplace of regime,	(Include pregnancy within 3 months of death)
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operatious
14. Maiden nambruie Visquiis Bruseland 15. Birthpiace Levisu, Jul'	Date of op
16, Informant 200 so, Easly Royales (mother)	Autopsy results
Address 2 1 1 - Bistofleve. Potopaso Parl, med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 17- / Secreptive. / Limited 1 att 1 att 1	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	the contract of the second of
(Burist, Cremation, or removal. Which)	When did how and Pulapses Parl, a.g. Sud.
Cemetery or crematory	(City or town) (County) (State)
Location a co mul	Injured at home, farm, Industry, public place (where?)
18. Funeral director aus andaus	Means of injury left with mosther injured at work? WO
Address 1 0 2 4 2 working SIX	Of the Atreated with.
1 1 1 1 1 1 1 1	23. SIGNATURE Constitution of the control of the co
19. (Date rec'd by registrar)	Address Islew Burnie Jus Drie signed 11/2 0/4)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518

09734

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Ann Arundel City or town. Spa Road (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eq. newborn infants give residence of mother) Maryland State
3.(a) FULL NAME Gabriel Scott	3. (b) Social Security Number
4. Sex Solor or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH MEDICAL CERTIFICATION 20. DATE DF DEATH MEDICAL CERTIFICATION
6.(b) Name of husband or wife Mary E. Scott 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) August 19, 1875 8. AGE: Years Months Days tt less than one day 72 2 13 hrs. min. 9. Birthplace (Town, county, and state) Laborer 1D. Usual occupation.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. / 10. / 19. /
11. Industry or business 12. Name	Dther conditions
Eliza Duckett 14. Malden name Md. 15. Birthplace Mary E.Scott	(Include pregnancy within 3 months of death) Major findings of operations
Address 53 Spa Road, Annapolis, Md. Burial Brewer Hill Cemetery or crematory. Annapolis, Md. Location 18. Funeral director Annapolis, Md. P.O.Box462 Address A nnapolis, Md. P.O.Box462	Astopsy results. PHYSICIAN: Please underline the caase to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

NOV 15 1947

107

09735

CERTIFICATE OF DEATH

Dist No 20

1. PLACE OF DEATH: Gounty Oity or town. (It Atside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sea Schior or race 6.(a) Single, married, widowed, or divorced ingle	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION
6.(b) Name of huebend or wite. 7. Birth date of deceased (mo., dey, yr.) 8. AGE: Years Month Days It less than one day hrs. 9. Birthplace Language (Town, county, and state)	and that f last eaw h some alive on Annual last and the last eaw h some alive on Annual last last eaw h some alive on Annual last last last last last last last la
10. Usual occupation. 11. Industry or business 12. Name	Other conditions
16. Informant	(Include pregnancy within 3 months of death) Major findings of operations
17. (Burial, cremation, or removal. Whiteh) Cemetery or crematory. Date thereof 107 / 3- (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director	Meens of injury Injured at work? 23. SIGNATURE. M. D. or other
19	trar Address 40 Mollines Street Date signed 11/12/4/

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carefully important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

S A15

PLEASE

NOV 15 1947

WRITE PLAINLY, is especially

PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Anne Arundel County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female black married	MEDICAL CERTIFICATION November 25 47 5:30a.
8.(6) Name of husband or wife Unknown 7. Birth dale of deceased (mo., day, yr.) 1897	21. dicentify the treath of pured on the date avery stated; the light man discussed from 47 21. dicentify the treath of the date avery stated; the light man discussed from 47 21. dicentify the treath of the date avery stated; the light man discussed from 47 21. dicentify the treath of the date avery stated; the light man discussed from 47 21. dicentify the treath of the date avery stated; the light man discussed from 47 22. dicentify the treath of the date avery stated; the light man discussed from 47 23. dicentify the treath of the date avery stated; the light man discussed from 47 24. dicentify the treath of the date avery stated; the light man discussed from 47 25. dicentify the treath of the date avery stated; the light man discussed from 47 26. dicentification of the date avery stated; the light man discussed from 47 27. dicentification of the date avery stated; the light man discussed from 47 28. dicentification of the date avery stated from 47 29. dicentification of the date avery stated from 47 29. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 21. dicentification of the date avery stated from 47 22. dicentification of the date avery stated from 47 23. dicentification of the date avery stated from 47 24. dicentification of the date avery stated from 47 25. dicentification of the date avery stated from 47 26. dicentification of the date avery stated from 47 27. dicentification of the date avery stated from 47 28. dicentification of the date avery stated from 47 29. dicentification of the date avery stated from 47 29. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery stated from 47 20. dicentification of the date avery state
8. AGE: Years Months Days If less than one dayhrs	Immediate cause of death Psychosis with cardio renal disease us since
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Unknown	0ue to. 11/17/47
11. Industry or business 12. Name Unknown 13. Birthplace	Oue to nown to Other conditions Cardio renal disease 11/17/47
14. Maiden name. Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Hospital Records Address Crownsville, Mar/land	Anlapsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereot 11/26/47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Cedar Hill, Md. Location Date thereot 11/26/47 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
A. Halstead Address 918 Druid Hill Ave.	Maans of Imjury injured at work? 23. SIGNATURE ALSO MOUGENSSEE M.
(Date rect) by registrar	Abbress Crowns ville, Maryland M.D. or other

WRITE

PLEASE

DI LOS OF DELTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

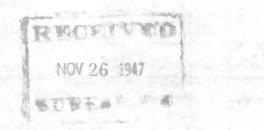
9Ha

1 2 HOHAL DECIDENCE (LICAME) OF DECEASED.

CERTIFICATE OF DEATH

09737 Reg. Dist. No.

County Since Arundel	(For newborn infants give residence of mother)	a
City or town	State Md. County A. A.	<u>.</u>
	City or town (If outside city or town limits, write RURAL and give nearest to	own)
How long in above place of death?	Street No. 304 97 Glen and	2
Energency Waspital	(If reral, give LOCATION)	***************************************
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
Murray S. S.	veener	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE DF DEATH 20 18 42 18 18 18 18 18 18 18 18 18 18 18 18 18	1-0
6.(b) Name of husband or wife frances Successing	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	om
	nw 23 18 47 10 nav, 14	199.
7. Birth date of	and that I last saw h. A. alive on	19 97)
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
60 10 2min.	Comman, only con	مدوق و
9. Birthplace attens, Olis	Due to.	
(lown, county, and state)	auc (V.	
10. Usual occupation Chief Engineer at	Due to	
11. Industry or business Ulucapagi Dacry		
12. Name Michael Sweezer	Dther conditions	
13. Birthplace Dhio	(Include pregnancy within 3 months of death)	
# 14. Maiden name You atherine In allen		
15. Birthplace Ohio	Major findings of operations.	*****************
2 15. Biringiace	Date of op	
16. Informant	Antopsy results	icatly.
Address Annapale, Ma.	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
(Burial, cremation, or removy). Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Len Herren Manual	Where did Injury occur? (City or town) (County) (Sta	ta)
Olan Bulbaria Md.	Injured at home, farm, Industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director discussion of any long to the state of the state		
Address Aurapalis 24	23 SIGNATURE & Borronch Man	
1. Nov. 25 1. 47	M. D. or oth	
19. V QU. 19. (Date rec'd by registrar) Registrar	Address aman olis mo Date signed "1/	-11.7



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9	3	d
7	0	00

CERTIFICATE OF DEATH

Reg. Diat. No. ...

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME William Franklin 7	homas 3. (b) Social Security Number
4. Sex 5. Color or race Multiple Married, widowed, or divorced white married	MEDICAL CERTIFICATION Nov. 8 19.47, 21 A.1
6.(b) Name of husband or wife Glijabeth V. Thomas 7. Birth date of day, vr.) Nov. 24 1874	21. I CERTIFY that death occurred on the date above stated: that a standard discovered from Office from few (a) Xuruma from ars and that I lest san how the few (b) Xuruma from Nov. 8, 15 4.7
deceased (mo., day, yr.) 2 3 1 1 1 1 1 1 1 1 1	in. Cerdio-Vascular failure Quelle.
9. Birthplace	Due to Chrosse my cardets woknown
11. Industry or business Foat - Building 12. Name - Frank Floridas 13. Birthpare FM d.	Diher conditions
14. Maiden name Margaret Moore 15. Birthplace & Md.	Major fiediogs of operations
Address Helms Creek, West Amapohs, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Location	injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Deputy 23. SIGNATURE M. D. Or other



WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

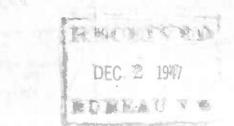
2411 N. Charles St., Baltimore

09

CERTIFICATE OF DEATH

Reg. Diat. No. 2

7				The state of the s		
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anne Arundel			maia Bo Ma	State Maryland Cour		e1
City or town OakWood, Glen Burnie, P.O., Md. (If outside gity or town limits, write RURAL and give nearest town)		State Mark & Market Cone	n Buzenia P	0)		
How long in above place of death? 31 Years		City or town. Gakwood, (Gle	, write RURAL and give near	rest town)		
Hospital, institution, or	street address where	death occurred	l:	Street No. Oakwood Road		
***************************************				(If rural, give		
How long in hospital or				2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	lumber
		Ver on	ika Tores		N one.	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	W	'idow	20. DATE DE DEATH November	29, 19.47	8.30P
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above		
		6.(c) If alive, give age Deceasing			
7. Birth date of deceased (mo., day, ye	August	20.	1893	and that I last saw her alive on Not		
8. AGE: Years		Days	It less than one day	Immediate cause of death PULMIM	9767	DURATION
54	3	9	hrs min.	[TOPAK	S7	
Α1:		inglist	1	Due to UNKNOWN -	PassiBIE	***************************************
9. Birthplace	(Town,	county, and	tate)	VALVULAR VE	GETATION	0+**********************
th liqual occupation	House	work		Valevecal		***************************************
11. Industry or business				Due to	•••••••	• ; • • • • • • • • • • • • • • • • • •
				Other conditions ACUTE C.	NALEWSTITA	ie
E	Austria			Dither conditions HUNNINGTENCE		•
13. 8irthplace				AND HYPERTENSA (Include pregnancy within 8 m	nonths of death)	
H 14. Malden name	Elizal	neth (Unknown)	Major findings of operations	16	
15. Birthplace	Austria	a Hung	guary			
14. Maiden name 15. Birthplace	Gertrud	e Rus	kie	Antonsy respits W BNE		
TO. Informant John St.	rood. Ol	379 D:12	nie, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged s	tatistically.
				22. VIOLENCE: If death was due to external cause	ses, till in the following:	
17. Buria.	or removal. Which?	Date ther	eot Dec 2 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	gle:	Have	<u>n</u>	Where did injury occur?	(County)	(State)
			nie, Md.	Injured at home, farm, industry, public place (wh		
Location	77	1.5	7	Means of Injury	Injured at work?	
18. Funeral director	romas	w	engleton			
Address	Glen		e Md.	23. SIGNATURE 71-7-30-	yara, m.l),
19. 12/	/19		C.J.Dulle	Glor Burnic	Md. Date signed.	and the same of th
(Date read by re	gistrar)		Registrar	Address Glen Burnie,	Date signed	



The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

V.	Nog. Dist. 110
1. PLACE OF DEATH: Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	State County County Character County
How long in above place of death?	Cily or town
Hospita Institution, or street address where death occurred:	Street No. Chanapole mid
Comagency Hospilal	(If rural, We LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret a.	Lydengo 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female While Willow.	20. DATE DE DEATH 205 6 19 42 al 50 M
6.(b) Name of husband or wife Jolean 20. Sydingo	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(c) If alive, give ageyears	2001 / 19.42 to hos 6 19.42
7. Birth date of (1872)	and that I last saw h. A- alive on NOV 6 19 4)
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
25 7 4min.	my - 2 de la como alla allam
Co O. An med	myrene ompany
9. Birthplace (Town, county, and atate)	Oue to. unkey
1D. Usual occupation	
11. Industry or business	Due to
	Other conditions Deabetris Mellini Jeans.
12. Name De Ce Co 244	
# 14. Maiden nam Jan J. Seleckell	(Include pregnancy within 3 months of death)
14. Maiden namely 15. Selection 15. Birthplace O Q Co 24/d.	Major findings of operations.
m. Barrie (Bushings	
16. Informant	Autopsy results
Address Charles 144.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Cedar Bluff	Where did Injury occur?
leading amust white out.	Injured at home, farm, Industry, public place (where?)
July M. Vanler. Som	Means of injury Injured at work?
18. Funeral director	
Address Chicago Co.	23. SIGNATURE Jenge M.D. or other
19. 1V ov. 900, 19. 47 - Tornuls	
(Date rec'd by regiatrar) Registrar	Address Date signed 1- 4.

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF. is especially important.

WRITE

SE PLEA

FOR BINDING

MARGIN RESERVED



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

_			0	2.	
Rec.	Dist.	No.			

deceased (mo., day, yr.)	curity Number N ded deceased from
3. (a) FULL NAME Sex Social Sec Wilson 4. Sex Social Sec MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. Date of Death Social Sec MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that attended the deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 3. (b) Social Sec MEDICAL CERTIFICATION 20. Date of Death Sec Medical Sec	N 4.7
M MA	#7 at 3. 40 /4. I
6.(6) Name of husband or wile. 7. Birth date of deceased (mo., day, yr.) 19.47, 10	10 .10
8. AGE: Years Months Days If less fhan one day 9. Birthplace	DURATION OURATION Ouration Ouration Ouration Ouration
17. (Burlal, cremation, or removal. Which?) Cemefery or cremation Location 18. Funeral director Address Date thereof. (May) (year) Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Injured at work 23. SIGNATURE Address	(State)



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09740

CERTIFICATE OF DEATH

				0	
leg.	Dist.	No.	2	8	

CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH: County ANNE A RUNDEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Telbot	
CROWNSVILLE (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 mos 26 days Hospital, institution, or street address where death occurred: Crownsville, State Hospital How long in hospital or institution? 4 mos 26 days	Street No. Box 69 Route 1 (If rural, give LOCATION)	
3.(a) FULL NAME KENNETH WILSON	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Negro single	MEDICAL CERTIFICATION 20, DATE OF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24. 19. 47. 10. November 20.19. 47. and that I last saw h im alive on November 20. 1947. Immediate cause of death. OURATION	
8. AGE: Years Months Days It less than one day ? ?hrsmin.	General Paresis known to us since 6/24/4	
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation farm work 11. Industry or business 12. Name Daniel Wilson 13. Birthplace Maryland 14. Maiden name unknown to us 15. Birthplace	Due to Dither conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
Hospital Records Crownsville, Maryland Reurial Burial (Burial, cremation, or removal, Which?) Cemetery or crematory New Town Near Cordova, Md. Location R. B. Rawlings Greensboro, Md. Address 19. 11/21/ (Date rec'd by registrar) Pagistrar Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Where did Injury occur?	

